## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

	AME	NDED		Reg	istration Diameter No.	D IIIN 5-1	rimary Regi Q C つ	istration Distr	rict No	Registrar's	6! No		31712		
			_		PLACE OF DEATH	- 0011 - 0	<del>2 03</del>							titution: f	lesidence before
E					a. COUNTY BU	CHANAN				a. STATE KA	NSAS>	b. COUNTY	DONIE	HAN	admission)
AMENDED	!   '	-			b. CITY (If outside cor	rporate limits, give TOW	NSHIP only	y) Len	igth of stay in 1b	c. CITY OR					Inside Limits
N N			1		******	Joseph		2	HOUR S	TÖŴN	WATH EN	NA .			Yes □ No K
l lu	.				HOSPITAL OP	NOT in hospital, give lo		•	Inside Limits	d. STREET ADDRESS		• •	e, give locatio	on)	Reside on Farm
					INSTITUTION MO	METHODIST	HOSPIT	TAL_	Yes 🛣 No 🖸	ADDRESS	R.F.	D. # 2			Yes XX No 🗆
Ιt	$\top$		1	3.	NAME OF DECEASED	First		Middl	le	Last	.4. D/	ATE (	Month	Day	Year
					(Type or print)	LEE	PH	HILLIPF	P GOA1	TCHER	DE	OF EATH MAY	28, 19	63	
				5.	SEX	6. COLOR OR RACE			Never Married 🔲	8. DATE OF BII	7. A				IF UNDER 24 HR
					MALE	WHITE		dowed 🔲	Divorced [	MAR . 20, 1	~ ¬	50	Months	Days	Hours Min.
				10a.		(Give kind of work don	10b. KI	IND OF BUSIF	NESS OR INDUSTRY	11. BIRTHPLA	CE (City and	d state or countr	'' l		VHAT COUNTRY
≱						ng life, even if retired)	FA	RM OWN		WATHEN	A, KAN		USA		
5010				13a.	FATHER'S NAME				R'S MAIDEN NAMI	E		14. NAME C	OF HUSBAND	OR WIFE	
요					JOHN GOAT			Ros	BA DROZ	T		GLADY			
&				15. (Yes	WAS DECEASED EVER	IN U.S. ARMED FORCE yes, give war or dates o	f ser	T FACIL	·	17. INFORMAN			Address	1/	
ᇣᅵ				• • • • •								\	W A T W E N A		
			1.					· (-) (b)d	(-)	MRS. GLA	018 00	A COBER -	MATHEMA		
▼			Ë			(Enter only one cause p DEATH WAS CAUSED E		(a), (b), and	(c) <sub>4</sub> - 1	A.O	1	A COBER -	TATTIENA	INT	ERVAL BETWEEN SET AND DEATH
1 ° 1			JMENT				er line for	(e), (b), and	triedo	r dil	tio	**		INT	ERVAL BETWEEN
S S	5		OCUMENT			(Enter only one cause p DEATH WAS CAUSED &	er line for	(a), (b), and	triedo	n dil	tio	n -	Za Za	INT	ERVAL BETWEEN
S S			DOCUMENT		18. CAUSE OF DEATH PART I.	(Enter only one cause p DEATH WAS CAUSED & IMMEDIATE CAUSE	er line for ly:	(e), (b), and Vere Recui	triedo te, me	n dil	tio	n	retio	INT	ERVAL BETWEEN
S RECORD			DOCUMENT		18. CAUSE OF DEATH PART I. Conditio which given bove to	(Enter only one cause p DEATH WAS CAUSED E IMMEDIATE CAUSE ons, if any, ave rise to cause (a),	er line for ly:	(e), (b), and Ven Occi	triedo	n dil	tio	n info	retio	INT	ERVAL BETWEEN
THIS RECORD			DOCUMENT		18. CAUSE OF DEATH PART I.  Condition which go above the stating in lying conditions to the stating of the stat	(Enter only one cause p DEATH WAS CAUSED E IMMEDIATE CAUSE  ons, if any, aver rise to cause (a), the under- tause last. Due to	er line for IY: (a)	V en Reiñ Brte	te, me te, me	r dil	lial be	n articl	velio		kouro
S RECORD			DOCUMENT		18. CAUSE OF DEATH PART I.  Condition which go above the stating in lying conditions to the stating of the stat	(Enter only one cause p DEATH WAS CAUSED E IMMEDIATE CAUSE  ins, if any, ave rise to cause (a), the under- ause last, DUE TO	(a)(b)(c)(c)	Ven Octo Orte	te, me te, me	ocar	lial le 10 to to	n articl	escasa RT III. If de	INT ON	ERVAL BETWEEN
ON THIS RECORD			DOCUMENT		18. CAUSE OF DEATH PART I.  Condition which go above the stating in lying conditions to the stating of the stat	(Enter only one cause p DEATH WAS CAUSED E IMMEDIATE CAUSE  ons, if any, aver rise to cause (a), the under- tause last. Due to	(a)(b)(c)(c)	Ven Octo Orte	te, me te, me	r dil	lial le 10 to to	n articl	escasa RT III. If de	INT ON CONTROL OF CONT	LOCATO  VOCATO  VOCATO
ON THIS RECORD			DOCUMENT		Condition which graph of the stating to lying the stating the stat	(Enter only one cause p DEATH WAS CAUSED E IMMEDIATE CAUSE  ins, if any, ave rise to cause (a), the under- ause last, DUE TO	(a) (b) (c) (CONDITION IN PART	Orte Ons contri  (a)  MICIDE	te, me te, me	r dil	lial le la	article PAI	RT III. If de there t	intron	COURCE Was female was cy in last 90 days.
ON THIS RECORD			DOCUMENT	FICATION	Condition which go above stating to lying compared to the state of the	(Enter only one cause p DEATH WAS CAUSED E IMMEDIATE CAUSE  ms, if any, ave rise to cause (a), the under- ause last.  OTHER SIGNIFICANT disease condition give	(a) (b) (c) (CONDITION IN PART	Orte Ons contri La	te, my	r dil	lial le la	article PAI	RT III. If de there t	intron	COURCE Was female was cy in last 90 days.
ON THIS RECORD			DOCUMENT	L CERTIFICATION	Condition which give stating it limits a stati	(Enter only one cause p DEATH WAS CAUSED E IMMEDIATE CAUSE  ms, if any, over rise to cause (a), the under- ause lest.)  OTHER SIGNIFICANT disease condition give	(a) (b) (c) (CONDITION IN PART	Orte Ons contri  (a)  MICIDE	te, my	r dil	lial le la	article PAI	RT III. If de there t	intron	COURCE Was female was cy in last 90 days.
THIS RECORD			DOCUMENT	L CERTIFICATION	Condition which go above stating to lying condition which go above stating to lying condition which go above stating to lying condition with the latest the latest	(Enter only one cause p DEATH WAS CAUSED E IMMEDIATE CAUSE  IMMEDIATE CAUSE  ons, if any, ave rise to cause (a), the under- ause lest.  OTHER SIGNIFICANT disease condition give  20a. ACCUPINT SUICE  Month, Day, Year	(b) (c) (CONDITION PART IDE HOA	Orte Orte Ons contri  (a)  MICIDE	E VILLE DE LES CRIBE HOTE	Scar Scar rotic H but not related to Turk W INJURY OCCUP	less less less to the less to the less than	arminal PAI	RT III. If de there t	intron	COURCE Was female was cy in last 90 days.
ON THIS RECORD			DOCUMENT	MEDICAL CERTIFICATION	Condition which grade grade which grade gr	(Enter only one cause p DEATH WAS CAUSED E IMMEDIATE CAUSE  IMMEDIATE CAUSE  Ons., if any, ave rise to cause (a), the under- ause last.  OTHER SIGNIFICANT disease condition give  20a. ACCEPINT SUICE  Month, Day, Year	(a) (b) (CONDITION IN PART IN	Orte Ons contri  (a)  WILLIAM  WILLIAM	BUTING TO DEATH DISBUTING TO DESCRIBE HOW	Scar Scar rotic H but not related to Turk W INJURY OCCUP	less less less to the less to the less than	arminal PAI	RT III. If de there t	ceased o pregnan	COURCE Was female was cy in last 90 days.
INSTEAD OF			DOCUMENT	MEDICAL CERTIFICATION	Condition which graph above the stating of lying condition which graph above the stating of lying condition which graph above the stating of lying condition which graph are stating to lying condition with the stating of lying condition with the stating of lying condition with the stating of lying condition with the lyin	(Enter only one cause p DEATH WAS CAUSED E IMMEDIATE CAUSE  IMMEDIATE CAUSE  IMMEDIATE CAUSE  OUT TO THE SIGNIFICANT disease condition give  Month, Day, Year  ED 20e. PLA	(a) (b) (CONDITION IN PART IN	Orte Orte Ons contri  (a)  MICIDE	BUTING TO DEATH DISBUTING TO DESCRIBE HOW	Scar Scar rotic H but not related to Turk W INJURY OCCUP	less less less to the less to the less than	arminal PAI	RT III. If de there is y in PART I or	ceased o pregnan	ERVAL BETWEEN SET AND DEATH  BUTO  COURS  Vas femile was cy in last 90 days.  D Unknown  of item 18.)
INSTEAD OF			DOCUMENT	C. M. M. DICAL CERTIFICATION	Condition which while at work while at w	(Enter only one cause p DEATH WAS CAUSED E IMMEDIATE CAUSE  IMMEDIATE CAUSE  ons, if any, ave rise to cause (a), the under- ause last.) DUE TO OTHER SIGNIFICANT disease condition give  Month, Day, Year  ED VORK	(b) CONDITION IN PART OF HOAD	Orte Orte Ons CONTRI  (a)  WICIDE  URY (e.g., in street, office	BUTING TO DEATH DISBUTING TO DESCRIBE HOW	Scar Scar rotic H but not related to Turk W INJURY OCCUP	Lie Lucket to the te Clebur (Enter OR LOCAT	nature of injury	RT III. If de there e	ceased o pregnan	was female was cy in last 90 days.  Unknown of item 18.)
AMENDMENIS ON THIS RECORD DEAD			DOCUMENT	C. M. M. DICAL CERTIFICATION	Condition which graph above the stating of the stat	(Enter only one cause p DEATH WAS CAUSED E IMMEDIATE CAUSE  IMMEDIATE CAUSE  ons, if any, ave rise to cause (a), the under- ause last.) DUE TO OTHER SIGNIFICANT disease condition give  Month, Day, Year  ED VORK	(b) CONDITION IN PART OF HOAD	Orte Orte Ons CONTRI  (a)  WICIDE  URY (e.g., in street, office	BUTING TO DEATH  COR about home, bidg., etc.)	rotie H but not relate LTS TANK W INJURY OCCUP 20f. CITY, TOWN	Lite to the tellice RED. (Enter	nature of injury	RT III. If de there is y in PART I or COUNT	cceased o pregnan	VOUTO  STATE
DEAD INSTEAD OF			DOCUMENT	C. M. M. DICAL CERTIFICATION	Condition which graph and the part I.  Condition which graph and the part I.  Condition which graph and the part II.  Condition which graph and the part II.  PART II.  PART II.  PART II.  WAS AUTOPSY PERFORMED? YES NO X	(Enter only one cause p DEATH WAS CAUSED & IMMEDIATE CAUSE  IMMEDIATE CAUSE  IMMEDIATE CAUSE  IMMEDIATE CAUSE  IMMEDIATE CAUSE  OUE TO OTHER SIGNIFICANT disease condition give  20a. ACCUMIT SUICE  Month, Day, Year  ED VORK  Ceased from May D 2	(c) CONDITION IN PART OF HOAD	Orte Ons contril (a) WICIDE URY (e.g., instreet, office 63 11:2	BUTING TO DEATH  COT about home, bidg., etc.)	A CILL  COLUMN  COLUMN	Lite to the tellice RED. (Enter	nature of injury	RT III. If de there is y in PART I or COUNT	cceased o pregnan	TATE
DEAD INSTEAD OF			OF DOCUMENT	C. M. M. DICAL CERTIFICATION	Condition which graph above the stating of the stat	(Enter only one cause p DEATH WAS CAUSED & IMMEDIATE CAUSE  IMMEDIATE CAUSE  IMMEDIATE CAUSE  IMMEDIATE CAUSE  IMMEDIATE CAUSE  OUE TO OTHER SIGNIFICANT disease condition give  20a. ACCUMIT SUICE  Month, Day, Year  ED VORK  Ceased from May D 2	(c) CONDITION IN PART OF HOAD	Orte Ons contril (a) WICIDE URY (e.g., in street, office	BUTING TO DEATH  COT about home, bidg., etc.)	rotie H but not relate LTS TANK W INJURY OCCUP 20f. CITY, TOWN	Lite to the tellice RED. (Enter	nature of injury	RT III. If de there is y in PART I or COUNT	cceased o pregnan	VOUTO  STATE
D INSTEAD OF			OF	C.A. Potter, D. Mulgical Certification	Condition which give bove stating to living condition which give bove stating to living condition which give bove stating to living condition white are work with the living condition condition with the living condition c	(Enter only one cause p DEATH WAS CAUSED & IMMEDIATE CAUSE  IMMEDIATE CAUSE  IMMEDIATE CAUSE  IMMEDIATE CAUSE  IMMEDIATE CAUSE  OUE TO OTHER SIGNIFICANT disease condition give  20a. ACCUPINT SUICE  Month, Day, Year  ED VORK   20e. PLAY farm  Ceased from May D 2	(b) CONDITION IN PART IDE HOAD	Orte Ons contri I (a) URY (e.g., in alreet; office 63 11:2 Uitle) W. D	BUTING TO DEATH Disber 20b. DESCRIBE HOT  or about home, 2 bldg., etc.)	M INJURY OCCUP  To date stated abo  22b. APDRESS	Liter Lead to the telephone CERD. (Enter OR LOCAT	nature of injury	RT III. If de there e y in PART I or COUNT	cceased o pregnan	TATE
AMENDMENIS ON THIS RECORD  SHOULD BEAD  INSTEAD OF			OF	C. M. M. DICAL CERTIFICATION	Condition which graph above the stating a stat	(Enter only one cause p DEATH WAS CAUSED & IMMEDIATE CAUSE  IMMEDIATE CAUSE  IMMEDIATE CAUSE  IMMEDIATE CAUSE  IMMEDIATE CAUSE  OUE TO OTHER SIGNIFICANT disease condition give  20a. ACCUPINT SUICE  Month, Day, Year  ED VORK   20e. PLAY farm  Ceased from May b 2	(c) CONDITION IN PART CE OF INJU., factory, s	Orte Ons contril (a) Wicide (b) Wireet, office (c) Willel (c) Willel (d) Will Will Will Will Will Will Will Wil	DESCRIBE HOW OF ABOUT HOME, 20b. DESCRIBE HOW OF ABOUT HOME, 20b. To P. m on the CEMETERY OR CRE	A CILL  A COLOR  TOTAL  H but not related  W INJURY OCCUP  20f. CITY, TOWN,  e date stated abo  22b. ADDRSS  MATORY	de les les les les les les les les les le	nature of injury	RT III. If de there e y in PART I or COUNT  May 28 knowledge, free town, of count	cceased o pregnan	TATE
AMENDMENTS ON THIS RECORD DEAD			OF	CA. Potter, J. May DICAL CERTIFICATION	Condition which go book end a stating a book end a stating a lying condition which grant in the stating a	(Enter only one cause pode potential	(c) CONDITION HOART LE OF INJU., factory, a specific or 1 233	Orte Ons contril (a) Wicide (b) Wireet, office (c) Willel (c) Willel (d) Will Will Will Will Will Will Will Wil	DUTING TO DEATH DISCRIBE HOW  OF ABOUT HOME, 22  OF	A CILL  A COLOR  TO THE STATE  H but not related  TO THE STATE  W INJURY OCCUP  20f. CITY, TOWN  e date stated abo  22b. ADDRSS  MATORY  R Y	It to the tellifered on LOCAT	rminal PAI  nature of injury  TION  where alive on the best of my live the best of my live on the best of my live on the best of my live best	COUNT  May 28  knowledge, from town, of count town,	ccased o pregnan N PART III	STATE  22c. DATE SIGNED  (State)
AMENDMENTS ON THIS RECORD  AMENDMENTS ON THIS RECORD  AMENDMENTS OF THIS RECORD  AMENDMENTS OF THIS RECORD  AMENDMENTS OF THIS RECORD  AMENDMENTS OF THIS RECORD				TO CA. POTER, J. MADJICAL CERTIFICATION	Condition which go bove stating it line in the part I.  Condition which go bove stating it lying compared by the part II.  PART III.  PART	(Enter only one cause pode potential	(a) (b) (c) (CONDITION IN PART	Orte	or about home, bldg., etc.)  Describe How to the policy of	A CILL  A COLOR  TOTAL  H but not related  W INJURY OCCUP  20f. CITY, TOWN,  e date stated abo  22b. ADDRSS  MATORY	It to the tellifered on LOCAT	nature of injury	COUNT  May 28  knowledge, from town, of count town,	ccased o pregnan N PART III	STATE  22c. DATE SIGNED  (State)

eggi Is dua

5119

) \

\

ا ج

## TATEMENT BY LICENSED EMBALMER

1.1. 丁湖即落一

. pà	· ·	s	, Student Embalmer No
	. <del>-</del>		
rking under m	ny personal supervision.		
			Signed Charles m. Harman
dent	.,		Signed to harries My Harrison
	Signature of Student Embalmer		
· ·			Licensed Embalmer No. 4487
			LICENSED EMBAIMER, NO. 3371.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.